

SEYM Child Abuse Prevention Training Verification

This form is to be completed by the SEYM Youth Program Worker or applicant upon completion of reading or reviewing the **SEYM Child Abuse Prevention Training Manual & Procedures** and completion of **SEYM Youth Program Training**.

The training material consists of:

1. **SEYM Child Abuse Prevention Training Manual & Procedures**
2. **SEYM Youth Program Training** (approximately 2 hours) including the presentation *Recognizing and Reporting Child Abuse*.

After completion, this form is to be sent to the SEYM office, to be kept with the records of Registered SEYM Youth Program Workers. Completed forms may be made available to SEYM youth program coordinators, the review committee for registered youth program leaders, the SEYM Review Committee, a subset of the SEYM Personnel Committee and others, as needed in the administration of the SEYM youth programs and the SEYM child abuse prevention policy.

Name (print) _____

Today's date: _____

Confirm:

____ I have read the *SEYM Child Abuse Prevention Training Manual & Procedures*

Date I completed reading/reviewing the *SEYM Child Abuse Prevention Training Manual & Procedures*: _____

Fill in A or B, below:

A. ____ I am taking the SEYM Youth Program Training in person.

B. ____ I am taking the SEYM Youth Program Training online with **SEYM Child Abuse Prevention Trainer**.

Fill in A or B, below:

A. ____ I am taking SEYM Youth Program Training for the first time.

B. ____ I am taking the SEYM Youth Program Training as a review course.

Date I completed SEYM Youth Program Training: _____

Trainer's Name: _____

Signature: _____

Return to the SEYM office:

SEYM YOUTH
P.O Box 510795
Melbourne Beach, FL 32951 Fax: 321-724-1162